Table 1

ERGO PRE-VISIT QUESTIONNAIRE (PVQ)

This questionnaire will provide background information necessary to plan and conduct an environmental compliance assessment. Additionally it provides insight for properly designing the composition of expertise on the assessment team.

Name of Facility:_____

Environmental POC:_____

Telephone Number:_____

Section 1. Air Emissions Management	RESPONSE	REFERENCE IN TEAM
1. Does the facility have any air permits to maintain with state regulatory authority (i.e. boilers, pathological incinerators, operating or construction permits, paint spray booths, POL tank vents, etc.)? Inclusively list the types and numbers of each:	_____	If YES, see the State Supplement to TEAM Guide.

Type of Permit   Quantity

_____   _____

_____   _____

_____   _____

2. Does the facility operate a fuel burner (central steam plant or hot water steam boiler)? If YES, how large and what fuel is used?	_____	If YES, see TEAM checklist item AE.10.1. through AE.10.10.

Size   Fuel

_____   _____

_____   _____

_____   _____

3. Does the facility operate an incinerator (i.e., for classified documents, solid waste, sewage sludge, etc.)? If YES, please list type and number.	_____	If YES, see TEAM checklist items AE.25.1. through AE.25.3. and AE.41.1. through AE.45.8.

Type   Number

_____   _____

_____   _____

 _____ _____

4. Does the facility operate fuel dispensing facilities? How many? _____	_____	If YES, see TEAM checklist items AE.55.1. through AE.55.6.
5. Does the facility use any volatile organic compound (VOC) based solvent degreasers?	_____	If YES, see the State Supplement to TEAM Guide.
6. Does the facility operate maintenance shops?	_____	If YES, see the State Supplement to TEAM Guide.

        Type   Quantity

        Wheeled   _____

        Tracked   _____

        Aircraft   _____

Please list any additionally shop activities that generate any form of air

Section 1. Air Emissions Management	RESPONSE	REFERENCE IN TEAM

pollution (i.e., vehicle emissions systems, ventilation systems for various operations, etc.).

_____

_____

_____

7. Does the facility operate equipment or processes that could lead to fugitive emissions of vinyl chlorides or benzene?   _____   If YES, see TEAM checklist item AE.65.1. through AE.65.7.

       What types of equipment? _____

8. Does the facility procure/use chlorofluorocarbons (CFC) or halon substances?   _____   If YES, see TEAM checklist item AE.85.1. through AE.85.4. and ERGO checklist item AE.85.2.C.

9. Does the facility repair any units containing refrigerant?   _____   If YES, see TEAM checklist item AE.90.1. through AE.95.2.

10. Does the facility recycle/reclaim CFCs or halon?   _____   If YES, see TEAM checklist item AE.90.1. through AE.95.2. and ERGO checklist item AE.90.1.C.

11. Does the facility have any vapor emissions requirements for oil/water separators that have been imposed upon them?   _____   If YES, see TEAM checklist item A.1.3 and state regulations.

12. Does the facility have an inventory of all ODS equipment and ODS supplies?   _____   If YES, see ERGO checklist item AE.95.1.C.

13. Does the facility have ODS elimination plans?   _____   If YES, see ERGO checklist item AE.95.2.C.

14. Does the facility conduct open burning?   _____   If YES, see ERGO checklist item AE.130.1.C.

Section 2. Cultural Resources Management	RESPONSE	REFERENCE IN TEAM
1. Does the facility have any cultural resources eligible for or that are currently listed in the National Register of Historic Places?	_____	If YES, see TEAM checklist item CR.5.1. through CR.5.3.
2. Are there any cultural resources (archeological sites, buildings over 50 yr old) that have not been evaluated for the National Register?	_____	If YES, see TEAM checklist item CR.5.1. through CR.5.3.
3. Does the facility Master Plan contain a cultural resources overlay that is utilized for planning purposes?	_____	If YES, see ERGO checklist item CR.4.1.C.
4. Is there an on-staff Cultural Resources Coordinator?	_____	If YES, see ERGO checklist item CR.4.2.C.
5. Does the facility have any archeological artifacts in storage?	_____	If YES, see TEAM checklist item CR.20.1. through CR.20.9.
6. Does the facility have in storage, or know of, any locations of Native American burials, cemeteries, or human remains?	_____	If YES, see TEAM checklist item CR.15.1. and CR.15.2.
7. Are there any areas on the facility considered to have religious importance to any Native American Tribe?	_____	If YES, see TEAM checklist item CR.10.1.

Section 3. Hazardous Materials Management	RESPONSE	REFERENCE IN TEAM
1. Has the facility conducted training for individuals working with hazardous materials?	_____	If YES, see TEAM checklist item HM.10.1. and HM.10.2. and ERGO checklist item HM.10.1.C.
2. Does the facility store any extremely hazardous substances?	_____	If YES, see TEAM checklist item HM.25.1.
3. Does the facility store at one time 10,000 lb or more of any hazardous substances that requires a Material Safety Data Sheet (MSDS) (fuel is a hazardous substance which requires an MSDS)? (NOTE: Using water as a basis of measurement, 10,000 lb is approx. 1250 gal.)	_____	If YES, see TEAM checklist item HM.30.1. through HM.30.3.

Please list substances

_____
_____
_____

	RESPONSE	REFERENCE IN TEAM
4. Does the facility store any flammable/combustible liquids?	_____	If YES, see TEAM checklist item HM.35.1. through HM.40.3. and ERGO checklist item HM.35.1.C. through HM.35.6.C.
5. Does the facility store any compressed gases?	_____	If YES, see TEAM checklist item HM.45.1. and ERGO checklist item HM.45.1.C. through HM.45.5.C.
6. Does the facility have a spill prevention plan for hazardous materials?	_____	If YES, see ERGO checklist item HM.1.7.C.
7. Does the facility have bulk storage of acids?	_____	If YES, see ERGO checklist item HM.47.1.C.

Section 4. Hazardous Waste Management	RESPONSE	REFERENCE IN TEAM
1. Is the facility a generator of hazardous waste?	_____	If YES, see TEAM checklist items HW.10.1. and HW.10.2.
2. Does the facility generate less than 100 kg [220.46 lb, approx. 28 gal] of hazardous waste in 1 mo?	_____	If YES, see TEAM checklist items HW.15.1. through HW.15.6. and ERGO checklist item HW.15.1.C.
3. Does the facility generate more than 100 kg [220.46 lb, approx. 28 gal] but less than 1000 kg [2204.62 lb, approx. 273 gal] of hazardous waste in 1 mo?	_____	If YES, see TEAM checklist items HW.20.1. through HW.45.5.
4. Does the facility generate more than 1000 kg [2204.62 lb, approx 273 gal] of hazardous waste in 1 mo?	_____	If YES, see TEAM checklist items HW.55.1. through HW.90.6.

(NOTE: Any waste which is not excepted, which is listed in 40 CFR 261, or which exhibits the following characteristics is a hazardous waste:
   ?? Ignitability (flash point <140 F)
   ?? Corrosivity (pH < 2 or > 12.5)
   ?? TCLP Toxicity (for As, Ba, Cd, Cr, Pb, Hg, Se, Ag, and selected pesticides or
   ?? Reactive. (or CN).)

The following are hazardous wastes that may typically be found at a facility (check if used at this facility and indicate amount used):

   - Solvents _____
        (This includes trichloroethane, Methylene Chloride, Tetrachloroethylene, 1,1,1-Trichloroethane, Carbon
        tetrachloride, Chlorinated Fluorocarbons, Toluene, MEK, Mineral spirits, and Xylene.)
   - Liquid paint _____
   - Paint stripper, remover or thinner _____
   - Spray paint booth air filters _____
   - Pesticides, insecticides, herbicides _____
   - NRC filters and test kits _____
   - Super tropical bleach _____
   - Ordnance, ammunition, explosives and residues _____
   - Battery acid and caustics in unserviceable batteries _____
   - Pharmaceuticals _____
   - POL tank farm fuel system filters _____
   - De-icing solution _____
   - Printing ink, ink solvents, and cleaners _____
   - Absorbent material and soil contaminated with hazardous waste _____
   - Other _____
   - Other _____

- Other _____

5. What Hazardous Waste permits have been applied for?   _____   If any, see the State Supplement to TEAM Guide.

       Part A_____
       Part B_____
       Interim Status_____
       None needed_____

6. Does the facility accept wastes from other facilities for treatment, storage, or disposal?   _____   If YES, see TEAM checklist items HW.105.1. through HW.170.5.

7. Does the facility operate accumulation points?   _____   See TEAM checklist items based on how much is generated and ERGO checklist item HW.10.1.C.
    How many?_____
    Where?_____
                   _____

8. Does the facility operate satellite accumulation points?   _____   See TEAM checklist items based on how much is generated and ERGO checklist item HW.10.1.C.
    How many? _____

9. Does the facility treat hazardous waste onsite?   _____   If YES, see TEAM checklist items HW.105.1. through HW.255.3.

    How and where? _____

10. Does the facility store (temporary or long term) hazardous waste onsite at other than an accumulation point?   _____   If YES, see TEAM checklist items HW.105.1. through HW.255.3. and ERGO checklist item HW.120.1.C.

    Where? _____

11. Does the facility dispose of hazardous waste onsite?   _____   If YES, see TEAM checklist items

    How and where? _____

Section 4. Hazardous Waste Management	RESPONSE	REFERENCE IN TEAM
		HW.105.1. through HW.255.3.
12. Does the facility dispose of medical, dental, or veterinary supplies or waste?	_____	If YES, see ERGO checklist item HW.1.5.C.
13. Does the facility train all persons handling or managing hazardous wastes?	_____	If YES, see ERGO checklist item HW.10.2.C.

Section 5. Natural Resources Management	RESPONSE	REFERENCE IN TEAM
1. Does the facility have any outdoor recreation areas? (i.e., athletic fields, walking/hiking tracks, off-road vehicles tracks, etc.)	_____	If YES, see the State Supplement to TEAM Guide.
2. Does the facility have a plan for managing its natural resources?	_____	If YES, see ERGO checklist item NR.1.2.C. through NR.1.4.C.
3. Are there any areas on the facility that have: A. Wetlands? If so, are they permitted/regulated by definition? B. Flood plains? 25-yr _____ 50-yr _____ 100-yr _____ C. Shoreline? _____ D. Forests?_____	_____	If YES, see TEAM checklist items NR.10.1. through NR.10.3. and ERGO checklist item NR.10.1.C. through NR.10.5.C.
4. Has a survey to locate and identify threatened and endangered species and critical habitats been initiated?	_____	If YES, see TEAM checklist items NR.20.1. through NR.20.3.
5. Does the facility have any endangered species on its property?	_____	If YES, see TEAM checklist items NR.20.1. through NR.20.3.
6. Does facility conduct any dredging?	_____	If YES, see ERGO checklist item NR.15.1.C. through NR.15.7.C.

Section 6. Other Environmental Issues	RESPONSE	REFERENCE IN TEAM

1. Has the facility recently (within the past 5 yr) prepared, or is it in the process of preparing, an environmental assessment (EA) or environmental impact statement (EIS)?
 	
    For current mission?
 	
    For future Master Plan?
 	
    Any construction projects, timber sales, etc.?
	_____	If YES, see TEAM checklist items O1.1.1. through O1.5.14. and ERGO checklist item O1.5.1.C. through O1.5.2.C.

2. Does the facility have any operations that produce environmental noise or noise that goes outside the facility (i.e., ranges, skeet ranges, helicopter pad, generators, highway transportation)?	_____	If YES, see TEAM checklist items O2.1.1. through O2.1.3. and ERGO checklist item O2.1.1.C. through O2.1.6.C.
3. Is the facility engaged in any real property transaction?	_____	If YES, see TEAM checklist items O5.1.1. through O5.1.3.

Section 7. Pesticide Management

	RESPONSE	REFERENCE IN TEAM

1. Does the facility use pesticides?
 	
      Contractor application? _____
      In-house application? _____
      Both contractor and in-house application? _____
	_____	If YES, see TEAM checklist items PM.5.1. through PM.20.2. and ERGO checklist item PM.5.1.C. through PM.40.1.C.

2. Are any pesticide wastes disposed of at the facility?	_____	If YES, see TEAM checklist item PM.55.1. and ERGO checklist item PM.55.1.C. through PM.55.5.C.

3. Are pesticides stored on the facility?
    Please list locations.
    _____
    _____
    _____
	_____	If YES, see TEAM checklist items PM.45.1. and PM.45.2. and ERGO checklist item PM.45.1.C. through PM.45.5.C.

4. What are the pesticides used at the facility?
    (Attach a separate list if necessary)
 	
    _____
    _____
    _____
    _____
	_____	NA

5. Are pesticides used at offsite satellite facilities?	_____	If YES, see TEAM checklist items PM.5.1. and PM.45.2.
6. Does the facility maintain a pesticide/entomology shop? If YES, is it permitted by the state?	_____	If YES, see TEAM checklist items PM.45.1. through PM.45.2.
7. Does the facility store or use any highly toxic or moderately toxic	_____	If YES, see

Section 7. Pesticide Management	RESPONSE	REFERENCE IN TEAM
pesticides?		ERGO checklist items PM.46.1.C. through PM.46.8.C.

Section 8. Petroleum, Oil, and Lubricant (POL) Management	RESPONSE	REFERENCE IN TEAM
1. Does the facility have a current (3 yr old or less) Spill Prevention Control and Countermeasure (SPCC) plan?	_____	If YES, see TEAM checklist items PO.5.1. through PO.5.7. and ERGO checklist items PO.5.1.C. through PO.5.6.C.
2. Is the SPCC/ISC exercised annually (mock spill events conducted)?	_____	If YES, see TEAM checklist items PO.5.1. through PO.5.7.
3. Does the facility store used oil? Where? _____ _____ _____ _____	_____	If YES, see TEAM checklist items PO.60.1. through PO.90.1. and ERGO checklist item PO.20.1.C.
4. Does the facility have any pipelines?	_____	If YES, see TEAM checklist items PO.40.1. through PO.40.10. and ERGO checklist item PO.40.1.C.
5. Does the facility operate any service stations?	_____	If YES, see TEAM checklist items PO.45.1. through PO.45.4.
6. Does the facility have a hydroelectric power plant?	_____	If YES, see ERGO checklist item PO.4.1.C.
7. Does the facility have a floating plant or marine works?	_____	If YES, see ERGO checklist items PO.100.1.C. through PO.100.4.C.

Section 9. Solid Waste Management	RESPONSE	REFERENCE IN TEAM

1. Does the facility have a solid waste management facility onsite?

    TYPE   NUMBER

    Landfill   _____
    Incinerator   _____
    Transfer Point   _____

_____ If YES, see TEAM checklist items SO.30.1. through SO.95.2. and ERGO checklist item SO.135.1.C.

2. Does the facility contract out the collection of its solid waste?

_____ If YES, see TEAM checklist items SO.10.1. through SO.10.6.

3. Does the facility have:

    a solid waste recycling program? List commodities recycled:
    _____
    _____

    construction debris landfill?
     Is it permitted?
     Operated by: _____

_____ If YES, see TEAM checklist items SO.25.1. through SO.25.4. and ERGO checklist item SO.25.1.C.

4. Is waste transported offsite for disposal?

      In landfills?_____

      In incinerators?_____

      At transfer stations?_____

      At recycling plants?_____

_____ If YES, see the State Supplement to TEAM Guide.

5. Does the facility dispose of ash residue or sludge:

      Offsite?_____
      Onsite?_____

_____ If YES, see the State Supplement to TEAM Guide.

6. Does the facility receive refuse from outside the United States?

      If YES, is laboratory testing performed?_____

_____ If YES, see TEAM checklist item SO.100.1.

7. Does the facility operate battery shops, including charging areas within vehicle maintenance facilities?

      If YES, how many? _____

_____ If YES, see the State Supplement to TEAM Guide.

8. Does the facility operate a waste transfer facility?

_____ If YES, see ERGO checklist item SO.15.1.C.

Section 9. Solid Waste Management	RESPONSE	REFERENCE IN TEAM

Section 10. Storage Tank Management

	RESPONSE	REFERENCE IN TEAM

1. Does the facility have aboveground storage tanks (ASTs) used for the storage of petroleum products or hazardous waste?
　　(Attach additional page if necessary)

Location	Substance	Capacity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____   If YES, see TEAM checklist items ST.5.1. through ST.20.3. and ST.100.1. through ST.150.2. and ERGO checklist item ST.5.1.C. through ST.5.4.C.

2. Does the facility have any USTs?

Location	Quantity	Size	Material Stored	Permitted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____   If YES, see TEAM checklist items ST.25.1. through ST.95.7. and ERGO checklist items ST.30.1.C. through ST.30.3.C.

　　(Attach a separate inventory sheet if necessary)

3. Does the facility have any USTs out-of-service or abandoned?

_____   If YES, see TEAM checklist items ST.95.1. through ST.95.7.

4. Is there a program in place to manage unserviceable/abandoned tanks?

_____   If YES, see TEAM checklist items ST.95.1. through ST.95.7.

5. Does the facility have heating oil USTs?

_____   If YES, see ERGO checklist item ST.85.1.C.

6. Does the facility have a floating plant?

_____   If YES, see ERGO checklist items ST.155.1.C. through ST.155.2.C.

Section 11. Toxic Substances Management

	RESPONSE	REFERENCE IN TEAM

1. Has the facility conducted a survey for PCBs?

RESPONSE: _____

REFERENCE IN TEAM: If YES, see TEAM checklist items T1.10.1. through T1.10.3.

2. Are PCBs or PCB-contaminated oils in use or stored at the facility in:

Transformers_____
Capacitors_____
Electromagnets_____
Heat Transfer or Hydraulic Systems_____
Circuit Breaker_____
Fluorescent Light Ballasts_____
Other_____

RESPONSE: _____

REFERENCE IN TEAM: If YES, see TEAM checklist items T1.20.1. through T1.20.9. and T1.30.1. through T1.35.1.

3. Does the facility dispose of PCBs or PCB items at the facility?

RESPONSE: _____

REFERENCE IN TEAM: If YES, see TEAM checklist items T1.50.1. through T1.50.11. and ERGO checklist item T1.30.1.C.

4. Does the facility transport PCBs?

RESPONSE: _____

REFERENCE IN TEAM: If YES, see TEAM checklist items T1.45.1. through T1.45.2.

5. Has the facility conducted a complete facility-wide asbestos survey?

RESPONSE: _____

REFERENCE IN TEAM: If YES, see ERGO checklist item T2.1.2.C.

6. Does an Asbestos Management Plan exist?

RESPONSE: _____

REFERENCE IN TEAM: If YES, see ERGO checklist item T2.1.3.C.

7. Is maintenance done on items insulated with asbestos?

RESPONSE: _____

REFERENCE IN TEAM: If YES, see TEAM checklist items T2.5.1. through T2.10.1.

8. Has the facility undergone any asbestos removal projects in the past?

How long ago? _____
By contract or in-house? _____

RESPONSE: _____

REFERENCE IN TEAM: If YES, see TEAM checklist items T2.5.1. through T2.10.1.

9. Is there any asbestos on the facility that has been removed and is awaiting disposal?

RESPONSE: _____

REFERENCE IN TEAM: If YES, see TEAM checklist items T2.15.1. through T2.15.4.

10. Will the facility have any demolition, remodeling, or renovation projects

RESPONSE: _____

REFERENCE IN TEAM: If YES, see

Section 11. Toxic Substances Management	RESPONSE	REFERENCE IN TEAM

underway at the time of the assessment?
    Please identify those projects and buildings.

    _____

    _____

TEAM checklist items T2.5.1. through T2.10.1.

11. Is asbestos material removed by contract or in-house personnel?

    _____

If YES, see TEAM checklist item T2.10.1.

12. Has the facility established an Asbestos Management Team?

    _____

If YES, see ERGO checklist item T2.1.4.C.

13. Does the facility monitor for radon gas?

    _____

If YES, see TEAM checklist items T3.1.1. andT3.1.2.

14. Do any facilities have elevated radon levels?

    _____

If YES, see ERGO checklist items T3.1.3.C. through T3.1.4.C.

15. Is the facility performing any lead based paint removal?

    _____

If YES, see TEAM checklist items T4.1.1. through T4.1.3.

Section 12. Wastewater Management	RESPONSE	REFERENCE IN TEAM

1. Does the facility have a National Pollutant Discharge Elimination System (NPDES) and/or State Pollutant Discharge Elimination System (SPDES) permit? Identify the types of discharges:

    Stormwater runoff permits?_____

    Drainage water from dredge and fill materials?_____

    Wastewater treatment plant? _____
           How many and what size?_____

    Process wastewater?_____

    Heat/Power production cooling blowdown water?_____

    Stormwater runoff from fuel dispensing areas, airfields, and parking lots/aprons and maintenance facilities?_____

    Vehicle wash facilities? How many?_____

    Plating shops? _____

    Does the facility maintain sedimentation holding ponds or seepage pits from vehicle/aircraft washing, maintenance shop   drainage (shop operations and motor parks), and other activities?_____

    Operate cooling towers and pass through water? _____

    Septic Systems?_____

    Fresh water wetlands?_____

    Industrial waste system/discharge?_____

    Lines which bypass treatment structures?_____

    Other?_____

_____   If YES, see TEAM checklist items WA.10.1. through WA.10.6. and ERGO checklist item WA.10.1.C.

2. Does the facility discharge into a publicly owned treatment works (POTW) any of the following?

    Process wastewater?_____
    Domestic (sanitary) wastewater?_____
    Industrial wastewater treatment plant effluent?_____
    Other?_____

_____   If YES, see TEAM checklist items WA.10.1. through WA.25.9. and ERGO checklist items WA.20.1.C. through WA.20.3.C.

3. Are there any discharge bypass lines in the system?

_____   If YES, see

Section 12. Wastewater Management	RESPONSE	REFERENCE IN TEAM
		TEAM checklist item WA.25.1. through WA.25.9.
4. Does the facility have any sludge disposal areas from vehicles/equipment washing operations?	_____	If YES, see the State Supplement to TEAM Guide.
Is the sludge analyzed or characterized on a scheduled frequency prior to disposal?_____		
5. What percent of vehicle maintenance is performed by contract?	_____	If YES, see the State Supplement to TEAM Guide.
Is it performed onsite or offsite?_____		

Section 13. Water Quality Management	RESPONSE	REFERENCE IN TEAM
1. Does the facility operate a public drinking water system?	_____	If YES, see TEAM checklist items WQ.10.1. through WQ.30.3. and ERGO checklist items WQ.85.1.C. through WQ.85.3.C.
2. Does the facility maintain wellheads?	_____	If YES, see the State Supplement to TEAM Guide.
3. Does the facility operate an underground injection well?	_____	If YES, see the State Supplement to TEAM Guide.
4. Are there groundwater aquifers on the facility? Are they in use? _____	_____	If YES, see TEAM checklist item WQ.95.1.
5. Is the facility located on a sole source aquifer?	_____	If YES, see TEAM checklist item WQ.95.1.
6. Are protective or preventative measures in place to prevent contamination of these aquifers?	_____	If YES, see TEAM checklist item WQ.95.1.
7. Does the facility own or operate a swimming pool?	_____	If YES, see ERGO checklist item WQ.115.3.C.

Signature of individual completing this form:_____

Date completed:_____

Additional Information

ATTENTION: The following records should be available for review by the assessment team either prior to the assessment or immediately upon arrival at the facility. Not all facilities will have, or are even required to have, all of the following documents.

General

1. Detailed maps of the facility indicating street names and building numbers. Enough for one for every member of the assessment team.
2. A phone list.
3. Copies of notice of violations (NOVs) issued to the facility in any of these areas.
4. A copy of the Building Information Schedule (activity listing by building number).

Air Emissions Management

1. Air emissions inventory.
2. All air related permits.
3. A list of steam generating units and boilers and their size, fuel used, and locations.

Cultural Resources Management

1. Any cultural or archeological resources surveys.
2. Management plans for cultural and archeological resources.
3. A list of properties nominated for the National Register.

Hazardous Materials Management

1. A list of hazardous material storage/use areas.
2. A waste minimization plan
3. MSDS.
4. Documentation of personnel training.
5. The OHSCP
6. A copy of any reports of spills.
7. Copies of the Tier I or Tier II reports.
8. Documentation on contaminated sites.

Hazardous Waste Management

1. The Hazardous Waste Management Plan.
2. A list of hazardous wastes generated at the facility.
3. A list of waste generation/storage areas.
4. USEPA Identification number.
5. Manifests.
6. Any permits.
7. The biennial report.
8. Personnel training records.

Natural Resources Management

1. The endangered species survey.
2. The Natural Resources Management Plan.
3. Any land management plans.
4. Section 404 permits.

Other Environmental Issues

1. Copies of EISs, EAs, FNSIs.
2. Noise complaint log.

Pesticides Management

1. The Pesticide Management Plan.
2. A list of pesticide storage sites.
3. Application records.
4. MSDSs for pesticides.
5. Personnel Certifications for applicators.
6. Contracts for pesticide application.

POL Management

1. The SPCC plan.
2. A list of POL storage areas (not including tanks).

Solid Waste Management

1. Any contracts with waste haulers.
2. Any recycling plans.
3. All documentation pertaining to landfill operation or closure.
4. Records on groundwater sampling resulting from monitoring wells.

Storage Tank Management

1. A list of facility storage tanks (POL, hazardous waste, etc.).
2. Upgrading and/or closure plans for USTs.
3. Release detection documentation.
4. Integrity test results for ASTs and USTs.
5. Site contamination reports after tank removal.

Toxic Substances Management

1. The PCB inventory and annual report.
2. The results of the asbestos survey.
3. The Asbestos Management Plan.
4. Radon survey results.

Wastewater Management

1. All NPDES/SPDES permits.
2. Maps of the storm, sanitary, and industrial sewers.
3. A copy of pretreatment standards imposed on the facility.
4. A list of maintenance shops/operations to include wash facilities.
5. Locations of holding ponds, sedimentation pits, and open/end-of-pipe discharge points.

Water Quality Management

1. Copies of drinking water test results.
2. Copies of reports to the state.